

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000095690

1. Entity Name

ELISABETH LAWRENCE COMMUNICATIONS, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90077 002 ***150.00

Principal Place of Business

13512 FEATHER SOUND CIRCLE WEST
UNIT 1411
CLEARWATER FL 34622

Mailing Address

13512 FEATHER SOUND CIRCLE WEST
UNIT 1411
CLEARWATER FL 34622

00044443



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4919 S Renellie Dr

Suite, Apt. #, etc.

3. Mailing Address

4919 S Renellie Dr

Suite, Apt. #, etc.

City & State
Tampa FL 33611

City & State
Tampa, FL 33611

4. FEI Number 59-3431521

Applied For

Not Applicable

Zip
33611

Country
Hillsborough

Zip
33611

Country
Hillsborough

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAWRENCE, ELISABETH
13512 FEATHER SOUND CIRCLE WEST
UNIT 1411
CLEARWATER FL 34622

Name

Street Address (P.O. Box Number is Not Acceptable)
4919 S Renellie Dr

City
Tampa

FL

Zip Code
33611

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Elisabeth Lawrence

Elisabeth Lawrence

4/26/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME LAWRENCE, ELISABETH
STREET ADDRESS 13512 FEATHER SOUND CIRCLE, #1411
CITY-ST-ZIP CLEARWATER FL 34622

TITLE ☒ Change ☐ Addition
NAME 4919 S Renellie Dr
STREET ADDRESS Tampa, FL 33611
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elisabeth Lawrence

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. Lawrence

4/26/01

Date

727 430-2422

Daytime Phone #

CR2E034 (10/00)